

AUG 17 12 21 PM '99

BK 357 PG 640
W.E. DAVIS CH. CLK.**WARRANTY DEED**

This Deed of Conveyance is this day made by the undersigned BETTY ANN NORRIS, hereinafter referred to as the GRANTOR, and JAMES RONE AND WIFE, PATRICIA S. RONE, hereinafter referred to as the GRANTEES, WITNESSETH THAT:

For and in consideration of the sum of Ten Dollars (\$10.00) cash in hand paid by the GRANTEES to the GRANTOR, and other good and valuable consideration, the receipt and sufficiency of all of which is hereby acknowledged by the GRANTOR, BETTY ANN NORRIS, the GRANTOR does hereby and by these presents sell, convey, and warrant unto JAMES RONE AND WIFE, PATRICIA S. RONE, the GRANTEES, as tenants by the entirety with full rights of survivorship and not as tenants in common, the hereinafter described real property located in DeSoto County, Mississippi, and being described as follows, to-wit:

Lot 4 of Oakdale Estates as recorded in the office of the Chancery Clerk of DeSoto County, Mississippi, in Plat Book 13, Page 31 through 36 inclusive, to which recorded plat reference is hereby made for a more particular description. Said property being located in Section 5, Township 3 South, Range 7 West, DeSoto County, Mississippi.

The foregoing covenant of warranty is made subject to rights of ways and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi; and to any prior reservation or conveyance of minerals of every kind and character, including, but not limited to, oil, gas, sand and gravel in, on and under the subject property; and being further subject to the restrictive covenants, building restrictions, and easements of record as found with the recorded plat of said subdivision as recorded in Plat Book 13, Pages 31-36 in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes and assessments against said property for the year 1999 shall be prorated as of the date of this deed and taxes and assessments for the year 2000 shall be the sole responsibility of the GRANTEES, and all

subsequent years are hereby excepted from the foregoing covenant of warranty.

By way of explanation, Larry E. Norris died on the 22nd day of August, 1998 and a copy of the Death Certificate is attached hereto as Exhibit "A".

Possession shall be given three days after date of this Deed.

WITNESS the signature of the GRANTORS on this the 12th day of August, 1999.


BETTY ANN NORRIS

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 12th day of August, 1999, within my jurisdiction, the within named BETTY ANN NORRIS, who acknowledged that she executed the above and foregoing instrument.


NOTARY PUBLIC

My Commission Expires:
MISSISSIPPI STATEWIDE NOTARY PUBLIC
MY COMMISSION EXPIRES SEPT. 24, 1999

(SEAL)

GRANTORS' ADDRESS:
269 Northwood Hills
Hernando, MS 38632
RES. TEL.: 601-429-0227
BUS. TEL.: N/A

GRANTEES' ADDRESS:
890 Cedar Ridge Cove
Hernando, MS 38632
RES. TEL.: N/A
BUS. TEL.: N/A

Prepared by: KENNETH E. STOCKTON
ATTORNEY AT LAW
5 WEST COMMERCE STREET
HERNANDO, MS 38632
601-429-3469

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) LARRY EUGENE NORRIS				2. SEX MALE		3. DATE OF DEATH (Month, Day, Year) AUGUST 22, 1998	
4. SOCIAL SECURITY NUMBER (of Decedent) 430-72-6178		5a. AGE (Last Birthday) (Years) 57		5b. UNDER 1 YEAR MOS <input type="checkbox"/> DAYS <input type="checkbox"/>		5c. UNDER 1 DAY HOURS <input type="checkbox"/> MIN <input type="checkbox"/>	
6. DATE OF BIRTH (Month, Day, Year) MARCH 30, 1941		7. BIRTHPLACE (City and State or Foreign Country) PARAGOULD, ARKANSAS					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) METHODIST HOSPITAL CENTRAL				9c. CITY, TOWN, OR LOCATION OF DEATH MEMPHIS		9d. COUNTY OF DEATH SHELBY	
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) BETTYANN HOWELL		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) AIR TRAFFIC CONTROL		12b. KIND OF BUSINESS/INDUSTRY F A A MEMPHIS CENTER	
13a. RESIDENCE-STATE MISSISSIPPI		13b. COUNTY DESOTO		13c. CITY, TOWN OR LOCATION HERNANDO		13d. STREET AND NUMBER OR RURAL LOCATION 890 CEDAR RIDGE COVE	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38362		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) WHITE	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/>		17. FATHER'S NAME (First, Middle, Last) THOMAS E. NORRIS					
18. MOTHER'S NAME (First, Middle, Maiden Surname) EUGENIA LYLE		19a. INFORMANT'S NAME (Type/Print) BETTYANN NORRIS					
19b. RELATIONSHIP TO DECEASED WIFE		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 890 CEDAR RIDGE COVE HERNANDO, MS 38632					
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MEMORIAL PARK SOUTH WOODS		20c. LOCATION-City or Town, State MEMPHIS, TENNESSEE			
21a. SIGNATURE OF FUNERAL DIRECTOR DEE AMBROSE		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4362		21c. SIGNATURE OF EMBALMER CHARLES VINSON		21d. LICENSE NUMBER OF EMBALMER 3556	
22a. NAME AND ADDRESS OF FUNERAL HOME MEMORIAL PARK FUNERAL HOME 5668 POPLAR AVE. MEMPHIS, TN 38119		22b. LICENSE NUMBER OF FUNERAL HOME 522					
23. REGISTRAR'S SIGNATURE <i>[Signature]</i>		24. DATE FILED (Month, Day, Year) SEP 01 1998		25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.			
25b. SIGNATURE AND TITLE OF PHYSICIAN <i>[Signature]</i>		25b. LICENSE NUMBER TNMD021351		25c. DATE SIGNED (Month, Day, Year) AUG 27 1998			
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.		26b. SIGNATURE AND TITLE OF MEDICAL EXAMINER <i>[Signature]</i>		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) DR. DANIEL BROOKOFF 1525 CARR AVE. MEMPHIS, TN 38104							
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. <u>congestive heart failure</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>acute myocardial infarction</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>coronary atherosclerosis</u> DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death a. <u>one week</u> b. <u>four weeks</u> c. <u>ten years</u>							
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. <u>Squamous cell cancer of the lung</u>							
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide			
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

NAME OF DECEDENT
For use by physician or institution

PHYSICIAN OR MEDICAL EXAMINER EX-
JUTING CERTIFICATE
JUST COMPLETE AND
ON MEDICAL CERTI-
FICATION WITHIN 48
HOURS.

SEE INSTRUCTIONS
ON OTHER SIDE

CAUSE OF
DEATH

03

EXHIBIT "A"

BIRTH NO.